

1078-02  
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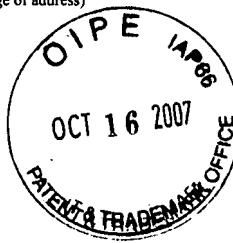
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23935 7590 08/08/2007

KOPPEL, PATRICK & HEYBL  
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Joan Harriman <i>Joan Harriman</i>	(Depositor's name) (Signature)
October 16, 2007 (Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/658,615	09/09/2003	Richard Malchar	036366-0101	2542

TITLE OF INVENTION: ABDOMINAL AND TORSO STRENGTHENING APPARATUS

10/14/2007 EMAILED 03636601 10658615

720.00 CP  
30.00 DD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	11/08/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS	10/19/2007 EMAILED 03636602 10658615
AMERSON, LORI BAKER	3764	482-140000	720.00 CP 30.00 DD

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page (if applicable)

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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1 Koppel, Patrick, Heybl & Dawson

2 Michael J. Ram

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Michael J. Ram

Date Oct 16, 2007

Typed or printed name Michael J. Ram

Registration No. 26,379

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